	· M	ULTIP		PENDE	NT CT	ATM		SERIAL	NO.	· .			<u> </u>		
MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								10/581078				FILING DATE 6-9-4			
(FOR USE WITH FORM PTO-875)								APPLICANT(S)				10-1-6			
							CLAIM	S				********			
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